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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

1010226,393

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS

AS FILED

9/26/05

AFTER FIRST
AMENDMENT

AFTER SECOND
AMENDMENT

Indep

Depend

Indep

Depend

Indep

Depend

9/26/05

Indep

Depend

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Total
Indep

Total
Depend

Total
Claims

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